

DO NOT SERVE OR SHOW THIS SHEET TO RESPONDENT			Case Number
<input type="checkbox"/> Temporary Restraining Order	<input type="checkbox"/> Temporary/Order for Antiharassment	<input type="checkbox"/> Temporary/Order for Protection	

LAW ENFORCEMENT INFORMATION

This completed form is required by law enforcement to enforce your order. Fill in the following information as completely as possible. Type or print only. Addresses, birthdates and ID numbers of both parties are necessary to serve and enforce your order.

RESPONDENT INFORMATION	Name of Respondent (Last, First, Middle)				
Drivers License or ID Number (specify type)		Nickname	Sex	Race	Birthdate
Height	Weight	Eye Color	Hair Color	Skin Tone	Build
Current Address				Home Phone	Interpreter Required? Language:
Employer	Employer's Address			WORK Hours: Phone:	
Vehicle License Number	Vehicle Make and Model			Vehicle Color	Vehicle Year
PETITIONER INFORMATION	Name of Petitioner (s) (Last, First, Middle)				Birthdate (s)
PETITIONER'S ADDRESS →	Address				Phone

HAZARD INFORMATION	Weapons	Guns/Rifles	Knives	Explosives	Other	Location of Weapons:
Describe in detail:						Vehicle <input type="checkbox"/> On Person <input type="checkbox"/> Residence <input type="checkbox"/>

CURRENT STATUS (For DV Orders Only) <i>(circle)</i>	Respondent's History Includes:												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Are you and the respondent living together right now?</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>Does the respondent know you are trying to get this order?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Does the respondent know he/she may be moved out of home?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Is the respondent likely to react violently when served?</td> <td>Yes</td> <td>No</td> </tr> </table>	Are you and the respondent living together right now?	Yes	No	Does the respondent know you are trying to get this order?	Yes	No	Does the respondent know he/she may be moved out of home?	Yes	No	Is the respondent likely to react violently when served?	Yes	No	<input type="checkbox"/> Mental Health Problems (Commitment, Treatment, Suicide Attempt, Other) <input type="checkbox"/> Assault <input type="checkbox"/> Assault with Weapons <input type="checkbox"/> Alcohol/Drug Abuse
Are you and the respondent living together right now?	Yes	No											
Does the respondent know you are trying to get this order?	Yes	No											
Does the respondent know he/she may be moved out of home?	Yes	No											
Is the respondent likely to react violently when served?	Yes	No											

DO NOT SERVE OR SHOW THIS SHEET TO THE PERSON RESTRAINED/RESPONDENT